

SECTION A:

POLICIES AND PLANNING

SAMPLE

POLICIES AND PLANNING

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EMERGENCY MANAGEMENT PLAN

Policy and Organizational Statements

The Emergency Preparedness Program (EPP) was developed using an all-hazards approach to comply with all applicable federal, state and local emergency preparedness requirements.

The EPP was developed in collaboration with <Insert names of collaborative partners and stakeholders >.

This plan has been reviewed with <Insert local emergency response agencies> to ensure an integrated response during a disaster or emergency situation impacting the facility.

The Emergency Operations Plan (EOP) and its components are the master operations documents for the campus in responding to all emergencies, and all catastrophic, major, and minor disasters. The plan defines the responsibilities of all levels of management that make up the facility Healthcare Incident Command Team.

This plan will be reviewed and updated on an annual basis, and the Administrator or designee will be assigned this responsibility. Should there be significant revisions to the plan, all staff will be trained regarding the revisions. An “Annual Review and Analysis” document is found in Appendix J.

The EOP is compliant with the National Incident Management System (NIMS), and incorporates the principles set forth in the Incident Command System (ICS).

The plan describes the basic strategies, assumptions, operational objectives, and mechanisms through which the Incident Command Team will mobilize resources and conduct activities to guide and support campus, local and state emergency management efforts through preparedness, response, recovery, and mitigation.

The EOP is designed to be flexible, adaptable and scalable. The plan articulates the roles and responsibilities of the Incident Command Team in its response and coordination with local, state and federal emergency officials.

The EOP includes the following sections and appendices:

- Section A: Policies and Planning (this section)*
- Section B: Procedures Applicable to All Hazard Responses*
- Section C: Incident Command System*
- Section D: Full Building Evacuation Plan*
- Section E: Emergency Procedures for Specific Events*

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Appendices:

Appendix A: Hazard Vulnerability Assessment (HVA)

Appendix B: Mutual Aid Agreements / Memorandum(s) of Understanding

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Appendix E: Evacuation Route Maps

Appendix F: Organizational Chart and Roster of Staff with Key Disaster Roles

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Appendix H: Staff Competency Post Training Test

Appendix I: Collaborative and Cooperative Planning Efforts Documentation

Appendix J: Annual Analysis and Review

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The EPP is always in effect. The plans and operational procedures within the EPP are executed on an as-needed basis as determined by the Administrator or highest ranking member of the leadership team onsite at the time of the event (Incident Commander).

The purpose of the EPP is to:

- Develop an all-hazards planning approach that will be used for all threats to, and/or emergencies or disasters that may impact the campus.
- Create the general framework of planning for preparedness, response, recovery and mitigation activities of the campus.
- Reduce the vulnerability of residents, staff and visitors and the community, including the loss of life or injury, or the damage and loss of property resulting from natural, technological, and man-made disasters, by developing effective preparedness, response, recovery and mitigation plans.
- Describe the facility's role in coordinating with and supporting local, state and federal governments during an emergency or disaster.
- Describe the types of disasters which are likely to impact the campus, from local emergencies to minor, major or catastrophic disasters.

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The facility will engage local officials as part of its effort to develop an HVA through collaborative and cooperative planning efforts. Appendix A outlines the agencies or personnel the facility has engaged in the process.

Risk Assessment Process

The Emergency Preparedness Plan is based upon the Facility Specific and Community Hazard Vulnerability Assessments (HVA).

The HVA provides a systematic approach to recognizing hazards that may affect demand for nursing home or assisted living residences or its ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response and recovery activities. The HVA serves as a needs assessment for the Emergency Preparedness Program. This process involves facility staff representing the safety and/or emergency management committee and community partners (area emergency managers, fire and police departments and emergency management services).

The facility incorporates risks identified in the Community Hazard Vulnerability Assessment into its emergency planning process and procedure development, where applicable. The Facility HVA can be found in Appendix A.

The facility will utilize the output of the HVA, focusing on the top 5 to 10 relative risks, to develop a mitigation strategy as appropriate.

Communications

The Communications Plan is developed to comply with local, state and federal law. Similar to the EPP, the Communications Plan will be reviewed and updated at least annually.

The Communications Plan provides names and contact information for staff, entities providing services under arrangement, residents' physicians, other healthcare facilities and volunteers. Additionally, local, regional and state emergency response and emergency management agencies and other sources of assistance are provided in this plan. These contact lists are located in Section F: Emergency Resources and Lists.

Primary and alternate means for communicating with facility staff and external partners including local, regional, and state emergency responders and emergency management agencies are listed in Section B: Procedures Applicable to All Hazard Responses.

The EPP addresses methods for sharing information and medical documentation for residents under the facility's care, as necessary, with other health care providers to maintain continuity

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of care during emergency or disaster events, including evacuation of the facility. These methods are outlined in the Emergency Operations Plan sections as follows:

- Section B: Procedures Applicable to All Hazard Responses
- Section C: Incident Command System
- Section D: Full Building Evacuation Plan
- Section E: Emergency Procedures for Specific Events

The facility maintains a daily list of residents, to include their condition and location. The census list will be updated routinely throughout the day, as necessary. During emergency or disaster related events, resident information may be shared or released, as permitted under 45 CFR 164.510 (b) (1) (ii) and 164.510 (b) (4), through assigned roles and responsibilities in the facility Incident Command System.

If the facility is forced to relocate or evacuate residents, the release or sharing of resident information shall be coordinated through assigned roles and responsibilities in the facility Full Building Evacuation Plan.

The facility will communicate with local, regional and state emergency responders and emergency management agencies, local and state health departments, mutual aid plans / healthcare coalitions and/or other healthcare facilities, when applicable, the following information during an emergency or disaster:

- Its occupancy
- Any resource or asset needs
- Ability to provide assistance to other facilities

The Incident Command System assigns specific roles and responsibilities for the communication of this information. Additionally, reporting of this information is accomplished electronically through the use of <Insert correct terminology>.

Resident and Family Information

Upon admission, residents and their responsible parties will be provided with an Emergency Communications Plan Guide (See Appendix H).

This guide details expectations of residents and their families during an emergency event at the facility, or during a community disaster. The plan provides families with alternate methods to contact the facility during a disaster when normal means of communications (telephones) may be inoperable.

Alternatively, the facility may share information relative to the status of the facility or disaster on its webpage at <Insert facility website>.

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Continuity of Operations

The Emergency Preparedness Plan takes into consideration its resident population, including the types of services and levels of care the facility provides.

The facility is an **Assisted Living Facility/Nursing Home/Skilled Nursing Home** that provides the following levels of service:

- Bariatric Care
- Dementia/Alzheimer's Care
- Ventilator Care
- IV/Tube Feedings
- Dialysis
- Therapy (Respiratory, Speech, OT/PT)
- Adult Day Care
- Respite Care
- Hospice Care
- Rehabilitation
- Home Care
- Behavioral Health

In addition to the inherent risks associated with residents requiring these various levels of care, the plan also incorporates risks related to culture, ethnicity and language.

In the event an emergency or disaster impacts any of the services provided by the facility to its residents, the facility has developed contingency plans to ensure continued services, to the extent possible. These plans include, but are not limited to, emergency procedures, vendor support, agreements with other healthcare facilities, mutual aid plan support and support from local/state emergency management.

Where specific outpatient services can no longer be provided, the facility has made arrangements with other providers as follows:

- Therapy (Respiratory, Speech, OT/PT) residents will be directed to<Insert location>
- Adult Day Care responsible parties will be notified that the Adult Day Care is closed and that alternative arrangements for long duration cessation of services have been made with<Insert location>.
- Home Care client responsible parties will be notified that Home Care services cannot be provided and that alternative arrangements for long duration cessation of services have been made with<Insert service or location>.

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Where inpatient services can no longer be provided, it may be necessary to make alternate care arrangements or evacuate the residents to another healthcare facility (See Full Building Evacuation Plan).

The facility will maintain agreements with a temporary “stop-over” location and other healthcare facilities as receiving sites. Alternate care sites will be considered as identified by local Emergency Management officials. The facility will serve as an alternate care site if deemed necessary and as outlined in a Section 1135 waiver when issued.

In the event of a loss of other utility services, emergency procedures have been developed that include contingency planning. Emergency power and standby systems are maintained in compliance with NFPA 99 and NFPA 110. Plans are in place to maintain an on-site fuel source to keep systems operational unless evacuation is deemed necessary.

In the event the Administrator or Assistant Administrator are not available, the highest ranking person in the facility at the time of the event will assume the role of Incident Commander and have overall authority relative to the facility response to the event. The facility organizational chart and roster of staff with key disaster related roles is located in Appendix F.

Upon activation of the EOP an assessment will be conducted to determine the current workforce and the future needs of the facility in the aftermath of a disaster. This will be accomplished through the use of the Department Rapid Assessment Form and Incident Command Team action plan development.

The Incident Command Team will conduct a thorough analysis of the facility’s current (or available) workforce to better understand what the future needs will be to recover from the disaster and ensure sufficient staffing.

This process helps identify workforce needs, but also key strategies, goals, processes, and behaviors needed to effectively recover from a disaster.

This facility has a system of medical documentation that preserves resident information, protects confidentiality of resident information, and secure and maintains the availability of records. This is accomplished by (sample statement):

- Hard copy medical records are maintained safe and secure in the Medical Records section of the facility. Authorized and Medical Records personnel can access the records 24/7.
- In the event of an internal disaster the medical records will be relocated by staff to a safe and secure location to preserve the records, prevent damage and maintain availability of the records.
- In the event of a facility evacuation resident medical records will be transferred with the resident to their final destination. Electronic records will be printed on each resident unit, or as necessary may be remotely access using secure log in

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information and passwords. Remotely accessed records are “read” only and cannot be printed.

- Protected Health Information policies and procedures will be adhered to during disaster and emergency events including facility evacuation.

Training and Testing Program

The Training & Testing Program will be reviewed and updated at least annually. The Administrator or designee will be responsible for the review and updating of the Training & Testing Program.

Training

All staff, including individuals providing onsite services under arrangement and volunteers consistent with their expected roles, will be provided initial training in the Emergency Preparedness Program, specifically the Emergency Operations Plan.

The facility will test staff competence in their knowledge of the Emergency Preparedness Program through the use of a post training quiz and evaluations during drills and exercises.

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Annual Testing

The facility will conduct annual testing of the Emergency Preparedness Program through exercising as follows:

- The facility will conduct two separate exercises on an annual basis. One of these exercises will be a community based full scale exercise (when available) and the second may be a tabletop of similar exercise.
- Each calendar year, the facility will participate in a community based full scale exercise.
 - The facility is a mutual aid plan member and participates in a mutual aid exercise involving other healthcare facilities and local/regional partners and emergency responders. This exercise serves as the required community based full scale exercise.
 - When a community based full scale exercise is not available, the facility will conduct an individual facility based disaster on an annual basis and document its actions and invitations towards having community partners and stakeholders involved.
 - If the facility experiences an actual natural or man-made emergency that requires the activation of the Emergency Preparedness Program, the facility may consider utilizing the actual event in lieu of conducting the community based full scale exercise. The event will be critiqued and an After-Action Report developed.
- The facility will conduct an internal functional exercise or a paper based tabletop exercise annually. Table top exercises will include a group discussion led by a facilitator using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages or prepared questions designed to challenge the emergency plan.

The facility response to each exercise will be documented to capture lessons learned, opportunities for plan and procedure improvements, and to evaluate staff knowledge and response.

The facility will document all drills, tabletops exercises and emergency events utilizing the After-Action Report (AAR). Any plan revisions needed as a result of a drill or exercise will be captured in the Improvement Plan of the AAR. The <insert position or committee> will be responsible for reviewing, tracking and assigning improvement tasks.